



SPICE OF MARCFIRST AUTHORIZATION/CONSENT FOR DEVELOPMENTAL SCREENING

I authorize SPICE of Marcfirst to complete a developmental screening for my child,
_____ and/or release/obtain general developmental information from
(name of child)

his/her child care provider. I understand that I will be given a written report of the findings of this screening. I understand that if developmental concerns are present, referrals will be made for appropriate services.

Signature: _____ Date: _____
(Parent/Guardian of child)

Dear Parent:

Please take a few moments to complete the following which will assist us in providing quality screening services to your child and return the completed packet to your child care center.

Child's Full Name: _____ Pediatrician: _____
Date of Birth: _____ Male: _____ Female: _____ Primary Language: _____
Race: _____ Caucasian _____ African American _____ Hispanic _____ Latino
_____ Eastern Indian _____ Asian _____ Pacific Asian _____ Other

Type of Health Insurance (ex: IDPA, Meridian, Molina, BCBS, etc): _____

Parent's Name: _____

Check here if applicable: Foster Parent _____

Address: _____
(street) (City) (State) (Zip Code)

Phone Number: _____

Please specify any area(s) of developmental concern:

_____ Personal/Social Skills _____ Speech & Language Skills _____ Motor Skills
_____ Vision/Hearing _____ I do not have any concerns regarding my child's development

Was your child born prematurely? No: _____ Yes: _____/How many weeks?

Does your child have a foster care caseworker? No: _____ Yes: _____

Caseworker Name: _____ Agency: _____

Caseworker Phone Number: _____

Has this child ever received any therapy services in the past? No: _____ Yes: _____

If yes, when and what kind of services? _____